

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO. **10702433**  
APPLICANT(S)

FILING DATE **11-07-03**

**CLAIMS**

	AD FILED		AFFIDAVIT ACZHDZHT		AFFIDAVIT ACZHDZHT	
	DND	DEP	DND	DEP	DND	DEP
1	1					
2		1				
3		2				
4		2				
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50						
TOTAL IND.	1					
TOTAL DEP.	15					
TOTAL CLAIMS	16					

	DND	DEP	DND	DEP	DND	DEP
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